

Employee Set-up Form (MA)

Client Name _____

EMPLOYEE ID# _____

TELEPHONE () - _____

DIVISION _____

BRANCH _____

PAY FREQ. [Wkly] [Biwkly]

DEPARTMENT _____

[S-Mthly] [Mthly]

LAST NAME _____

FIRST NAME _____

SEX [M] [F]

EMAIL ADDRESS _____

WorkComp Code _____

ADDRESS 1 _____

BIRTH DATE / /

ADDRESS 2 _____

CLOCK # _____

CITY / STATE _____

PENSION CODE _____

ZIP CODE _____

401K EFF DATE / /

SOCIAL SEC. # - -

HIRE DATE _____

FEDERAL TAX [S] [M] [H]

STATE TAX [S] [M]

Multiple Jobs/Spouse Wrkg [Y] [N]

No. of Exemptions _____

Child/Dependent Total \$ _____

ADDTL STATE \$ or % _____

Other Income \$ _____

Deductions \$ _____

2ND STATE/TAX _____

Extra Withholding \$ _____

SALARY \$ _____

1099 Indep Contractor [YES]

HOURLY RATE \$ _____

No FIT/SIT will apply if 1099

AVERAGE HOURS \$ _____

Recurring Items

Earn / Deduct No. & Description

Amount

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____